

PAST PERFORMANCE QUESTIONNAIRE

FOR RFP HR0011-04-R-0001

Optically Designated Attack Munitions Program

COVER SHEET

Name of contractor questionnaire is
being completed for:

Name of company or organization
completing questionnaire:

Name and title of the person completing
questionnaire:

Length of time your firm has been
involved with the offeror:

Type of work performed by referenced
offeror:

**SUBMIT PAST PERFORMANCE
QUESTIONNAIRE TO:**

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RATED QUESTIONS

Please use the following ratings to answer the first questions. If you are unable to rate an item because it was not a requirement, never an issue, or you have no knowledge of the item in question, please mark it "N/A".

When completed, the information on this form is Source Selection Sensitive (41 USC 423); SAFEGUARD

Excellent	The contractor's performance was consistently superior. The contractual performance was accomplished with few minor problems and corrective actions taken by the contractor were highly effective.
Good	The contractor's performance was good or better than average. The evaluator would willingly do business with the contractor again. The contractual performance was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
Neutral	The contractor's performance was neither good nor poor; or there was no previous performance.
Poor	The contractor's performance was entirely unsatisfactory. The evaluator would not do business with the contractor again under any circumstances. The contractual performance of the element being assessed contains problems for which the contractor's corrective actions were ineffective.

CUSTOMER SATISFACTION

1. The referenced contractor’s responsiveness to the Customer’s needs (interaction with Government Staff and Flexibility).

E

G

N

P

N/A

Comments:

2. The qualifications of the contractor’s personnel, and their ability to meet the requirements (to include ability to replace key personnel when necessary).

E

G

N

P

N/A

Comments:

3. The contractor's ability to accurately estimate/control costs.

E G N P N/A

Comments:

TIMELINESS

4. The contractor's ability to ensure, to the extent of its responsibility, that all tasks were completed within the requested time frame.

E G N P N/A

Comments:

TECHNICAL SUCCESS

5. The contractor's clear understanding of the scope of work and ability to complete tasks as defined.

E G N P N/A

Comments:

6. The contractor's effectiveness of Project Management and Control .

E G N P N/A

Comments:

7. The contractor’s ability to resolve problems.

E G N P N/A

Comments:

QUALITY

8. The quality and reliability of services delivered by the contractor.

E G N P N/A

Comments:

9. Quality, reliability, and maintainability of hardware delivered.

E G N P N/A

Comments:

SUBCONTRACT MANAGEMENT AND ATTAINMENT OF GOALS

10. Contractor's ability to manage, and interact with subcontractors and meet established small business subcontracting goals.

E G N P N/A

Comments:

SUBJECTIVE:

11. Would you recommend this contractor for similar government contracts? Please explain:

12. Have you experienced special or unique problems with the referenced contractor that we should be aware of in making our decision?

13. In summary, which of the following would you choose to describe the quality of the referenced contractor's service (circle response):

- 11. Significantly better than acceptable
- 12. Slightly better than acceptable
- 13. Acceptable
- 14. Slightly less than acceptable
- 15. Entirely unacceptable

14. In summary, which of the following would you choose to describe reference contractor's willingness to cooperate to resolve performance disagreements (circle response):

- Highly cooperative
- Cooperative
- Somewhat uncooperative
- Highly uncooperative

The information provided has been previously shared with the Contractor -

☐ Yes

☐ No

Thank you for taking the time to complete the evaluation.

Evaluator's name: _____

Signature: _____

Date _____